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December 12, 2006

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JMcDonald@KilpatrickStockton.com**FAX**

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Examiner Jennifer M. Kim Group Art Unit 1617	571.273.8300	United States Patent & Trademark Office Alexandria, VA

John K. McDonald Ph.D.

FROM

2720

REFERENCE NO

34

PAGES (WITH COVER)

55979/314589

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COMMENTSIn re Application of: **JUAN JOSE LEGARDA IBANEZ**

Art Unit: 1617

Serial No.: 10/621,229

Examiner: **Jennifer M. Kim**Filed: **July 15, 2003**For: **FLUMAZENIL FOR THE TREATMENT OF ALCOHOL DEPENDENCY****TO BE COMPLETED BY KS OPERATIONS CENTER****TRANSMISSION RECEIPT DATE/TIME:** _____**COMPLETED BY:** _____**JOB CODE** 029100

US2000 9546206.1

ATLANTA AUGUSTA CHARLOTTE LONDON NEW YORK RALEIGH STOCKHOLM WASHINGTON WINSTON-SALEM

PTO/SB/21 (07-08)

Approved for use through 09/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

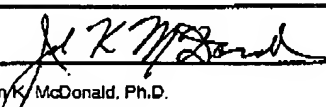
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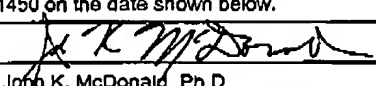
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/621,229	
	Filing Date	July 15, 2003	
	First Named Inventor	Juan Jose Legarda Ibanez	
	Art Unit	1617	
	Examiner Name	Jennifer M. Kim	
Total Number of Pages in This Submission	34	Attorney Docket Number	55979-0100US (314589)

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ENCLOSURES (check all that apply)		
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Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Kilpatrick Stockton, LLP		
Signature			
Printed Name	John K. McDonald, Ph.D.		
Date	December 12, 2006	Reg. No.	42,860

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	John K. McDonald, Ph.D.	Date	December 12, 2006

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 275.00

Complete if Known

Application Number	10/621,220
Filing Date	July 15, 2003
First Named Inventor	Juan Jose Legarda Ibanez
Examiner Name	Jennifer M. Kim
Art Unit	1617
Attorney Docket No.	55979-0100US (314599)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
40	-20 or HP(29)= 11	x 25 =	275

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP= 0	x 0 =	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

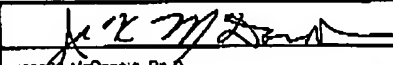
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x _____ =	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,860	Telephone	404-745-2470
Name (Print/Type)	Jonathan McDonald, Ph.D.	Date	December 12, 2006		

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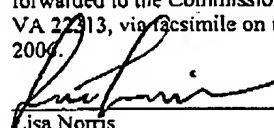
In re Application of:)
)
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) Art Unit: 1617
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) Examiner: Jennifer M. Kim
Filed: July 15, 2003)
)
For: FLUMAZENIL FOR THE)
TREATMENT OF ALCOHOL DEPENDENCY)

ATTORNEY DOCKET NO.: 55979/314589
DATE: December 12, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION

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Lisa Norris

AMENDMENT AND RESPONSE

Sir:

In response to the Final Office Action of October 12, 2006, please consider the following remarks.

A Listing of the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

Conclusion begins on page 22 of this paper.

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